

Self-Sufficiency Plan

B. Complete ONLY if IL Subsidy eligible

The YOUNG ADULT hereby agrees:

1.	To complete secondary education or equivalent:		
2.	To find or continue employment while in school / educational program for:		hours per week
3.	To find or continue employment while on break from school / educational program for:		hours per week
4.	To seek employment or employment training to reach self-sufficiency.		
5.	To accept part time employment while seeking full time employment.		
6.	To spend my money according to the completed budget on the PPS 7000A.		
7.	That this agreement will be reviewed should my earnings change; and that subsequent agreements may authorize a new subsidy payment.		
8.	To contact my DCF IL Coordinator through visit, telephone call or letter at a <i>minimum</i> frequency of:		times per month
9.	To meet-with my DCF Independent Living Coordinator at a <i>minimum frequency</i> of:		times per month
10.	To meet with my Mentor at a <i>minimum frequency</i> of: <input type="checkbox"/> NA-Youth doesn't have a mentor		times per month
11.	To reside at the following address:		
12.	To let DCF and my Mentor know of changes in my situation (including but not limited to address changes, work, school or living situation) within 72 hours.		
13.	That if I do not fulfill the responsibilities listed above, my Independent Living Subsidy will end.		

DCF hereby agrees:

1.	To pay Independent Living Subsidy in the following monthly amount: From: _____ To: _____ Start Date of Subsidy End Date of Subsidy		Per month for 6 months
2.	To provide information for the Young Adult about medical services while he/she is in the program.		
3.	To arrange to meet with the Young Adult as specified above.		
4.	To arrange case reviews as required by DCF policy and as requested by the Young Adult and/or Mentor.		

MENTOR: If the youth has a mentor, see most recent PPS 7220 Mentor Statement of Agreement. The Mentor Statement of Agreement shall be completed at every case plan, if applicable. Mentors shall have a completed Appendix 7H Mentor Application on file.

C. Complete ONLY if ETV eligible

If young adult plans to engage in an ETV plan while attending a post-secondary institution or training program, is form PPS 7001 ETV Program Plan attached? The PPS 7001 shall be reviewed, updated, and approved at every case plan or when circumstances change. ETV verification must be from the DCF IL Coordinator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D. Self-Sufficiency Plan Participants

Signatures	Date	Signatures	Date
Youth:		DCF IL Coordinator:	
Mentor:		Other Participant:	
*IL Supervisor:		*DCF IL Coordinator:	
By signing above I verify eligibility and approve services for this youth.		*By signing above I verify eligibility and approve services for this youth.*	

